

Coding: Billing for locum tenens; ICD-10; CMS guidelines

October 19, 2010 | [E&M](#) (1), [Audits](#) (2), [Billing/Compliance](#) (3), [Coding](#) (4), [RVO](#) (5)
By [SLLDacey](#) (6)

Is this issue, a question that asks how many new codes are in the ICD-10 code set.

To code or not to code?

Q: Are you aware of any studies that show that physicians selecting their own C&M, CPT, and ICD-9 codes for inpatient services are faster and as accurate as having those codes abstracted by a certified coder?

A: I know of no such studies. But there are several things to consider here. The provider of the service is the only one that really knows what was really involved in providing the service. If the documentation of the event is complete in every way, the abstracted information can then match the provider's own knowledge. But we all know that that is seldom the case the documentation is usually somewhat less than the event.

If your goal is 100 percent compliance, then a coder abstracting from the documentation assures that your code will not exceed supporting documentation. But at what cost? It is expensive to have coders abstract everything, and assuredly takes somewhat longer, and the total cost is the coder cost plus the loss of coding revenue due to any downcoding. Compare this to the potential liability of under-documentation and any over- or under-coding. Your best bet is to give the providers the tools to code their own work. EHRs, Web-based notes, handhelds, and ICD-10 oriented systems are making this easier and faster. Providers are the source of the information and should be accountable for the codes.

Outpatient inquiry

Q: We have a physician who is currently billing for infusion services in a hospital outpatient department. The department is asking for clarification as to whether or not this is appropriate. The services are: 96365-IV infusion and 96195-phlebotomy therapeutic.

A: According to CPT the 96365 code was not intended for use in the clinic or in the hospital but rather in a free-standing outpatient office. The provider is allowed to bill the 96365 in this setting — but it has no physician work RVU. Is the physician actually drawing the blood? Normally physicians don't do that themselves. If they do, they should charge for it.

Guideline updates

Q: We recently had a compliance administrator question why we were using "old data" to audit physician charts. She was referring to the 1995 and 1997 federal guidelines. Are there newer rules we should use?

A: Not from CMS itself. The Evaluation and Management Service Guide online directly references the 1995 and 1997 guidelines, although it does include some later, slightly more definitive information. A better question is whether or not they are the best source or tool to evaluate your providers. For Medicare each carrier or MAC is allowed to interpret these rules their own way, and many have their own E&M evaluation tool. Some are on their Web sites, some not. Look at your carrier's Web site to see if they have a specific tool for your state or region, or call them and ask. But if they don't — see all default to the 1995 and 1997 guidelines. Old isn't necessarily bad.

Locum tenens in, provider out

Q: Some providers are permanently leaving our practice and we are exploring opportunities of employing locum tenens providers. If I understand correctly:

- The substituting physician should bill under the departing physician's NPI with the substitute's NPI as filler;
- If the substitute is a "hired gun," claims should have modifier Q5 appended;
- If the substitute has another practice (solo/group) — claims should include modifier Q5; and

-Billing could continue for 60 calendar days, but after that the remaining physicians should share the workload.

A: You essentially have it right except for maybe a couple of things.

I don't think you would ever use Q5. When they talk about reciprocal billing they mean that physician

Cms Locum Tenens Guidelines

Jillian H. Kuruc

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the author's name.

Cms Locum Tenens Guidelines:

Emergency Department Compliance Manual Rusty McNew, 2017-06-14 Emergency Department Compliance Manual 2017 Edition provides everything you need to stay in compliance with complex emergency department regulations The list of questions helps you quickly locate specific guidance on difficult legal areas such as Complying with COBRA Dealing with psychiatric patients Negotiating consent requirements Obtaining reimbursement for ED services Avoiding employment law problems Emergency Department Compliance Manual also features first hand advice from staff members at hospitals that have recently navigated a Joint Commission survey and includes frank and detailed information Organized by topic it allows you to readily compare the experiences of different hospitals Because of the Joint Commission s hospital wide function based approach to evaluating compliance it s been difficult to know specifically what s expected of you in the ED Emergency Department Compliance Manual includes a concise grid outlining the most recent Joint Commission standards which will help you learn what responsibilities you have for demonstrating compliance Plus Emergency Department Compliance Manual includes sample documentation that hospitals across the country have used to show compliance with legal requirements and Joint Commission standards Age related competencies Patient assessment policies and procedures Consent forms Advance directives Policies and protocols Roles and responsibilities of ED staff Quality improvement tools Conscious sedation policies and procedures Triage referral and discharge policies and procedures And much more *Saunders Medical Office Management* Alice Anne Andress, 2013-08-09 With proven techniques and professional insight this one of a kind resource is your complete guide to ensuring both effective patient care and sound business practices in the medical facility From the front office to financial management each detailed chapter addresses the interpersonal and administrative concerns you ll face in the management of a medical office accompanied by realistic forms letters and procedural policies that help you prepare for on the job success This new edition keeps you up to date on emerging developments in billing and coding documentation ethical and legal issues and technological advances to help you keep your medical office at the forefront of the competitive health care field Manager s Alert boxes detail measures to help you avoid complications and prevent potential emergencies From the Expert s Notebook boxes help you build daily decision making skills with helpful tips suggestions and insights drawn from real world practice Exercises at the end of each chapter reinforce concepts and help you assess your understanding Detailed appendices provide fast easy access to commonly used abbreviations and symbols Medicare information helpful websites and answers to the end of chapter exercises as well as a sample procedure and policy manual to guide you in developing your own practices Written Communication chapter helps you ensure proper communication and documentation in the health care facility Updated content in the Medical Record chapter familiarizes you with the latest information on the electronic medical record The updated Billing Coding and Collections chapter keeps you up to date with the latest coding and insurance forms CMS 1500 Coverage of current legal and ethical issues and emerging

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Healthcare Financial Management ,2009 Some issues accompanied by supplements **Compliance for Coding, Billing & Reimbursement, 2nd Edition** Duane C. Abbey,2008-04-02 While the vast majority of providers never intend to commit fraud or file false claims complex procedures changing regulations and evolving technology make it nearly impossible to avoid billing errors For example if you play by HIPAA s rules a physician is a provider however Medicare requires that the same physician must be referred to as a supplier Even more troubling is the need to alter claims to meet specific requirements that may conflict with national standards Far from being a benign issue differing guidelines can lead to false claims with financial and even criminal implications Compliance for Coding Billing Reimbursement Second Edition A Systematic Approach to Developing a Comprehensive Program provides an organized way to deal with the complex coding billing and reimbursement CBR processes that seem to force providers to choose between being paid and being compliant Fully revised to account for recent changes and evolving terminology this unique and accessible resource covers statutorily based programs and contract based relationships as well as ways to efficiently handle those situations that do not involve formal relationships Based on 25 years of direct client consultation and drawing on teaching techniques developed in highly successful workshops Duane Abbey offers a logical approach to CBR compliance Designed to facilitate efficient reimbursements that don t run afoul of laws and regulations this resource Addresses the seven key elements promulgated by the OIG for any compliance program Discusses numerous types of compliance issues for all type of healthcare providers Offers access to online resources that provide continually updated information Cuts through the morass of terminology and acronyms with a comprehensive glossary Includes a CD ROM packed with regulations and information In addition to offering salient information illustrated by case studies Dr Abbey provides healthcare providers and administrators as well as consultants and attorneys with the mindset and attitude required to meet this very real challenge with savvy humor and perseverance **Insurance Handbook for the Medical Office** Marilyn Fordney,2015-11-26 Stay up on the latest in insurance billing and coding with Marilyn Fordney s Insurance Handbook for the Medical Office 14th Edition Trusted for more than 30 years this market leading handbook equips you to succeed as medical insurance specialist in any of today s outpatient settings Coverage emphasizes the role of the medical insurance specialist in areas such as diagnostic coding procedural coding Medicare HIPAA and bill collection strategies As with previous editions all the plans that are most commonly encountered in clinics and physicians offices are incorporated into the text as well as icons for different types of payers lists of key abbreviations and numerous practice exercises that assist you in accurately filling out claim forms This new edition also features expanded coverage of ICD 10 electronic medical records electronic claims submission and the HIPAA 5010 keeping you one step ahead of the latest practices and protocols of the profession Key terms are defined and emphasized throughout the text to reinforce understanding of new concepts and terminology Separate chapter on HIPAA

Compliance in Insurance Billing as well as Compliance Alerts throughout the text highlights important HIPAA compliance issues to ensure readers are compliant with the latest regulations Emphasis on the business of running a medical office and the importance of the medical insurance specialist details the importance of the medical insurance specialist in the business of the medical office Increased focus on electronic filing claims submission prepares readers for the industry wide transition to electronic claims submission Separate chapter on documentation in the medical office covers the principles of medical documentation and the rationales for it Service to Patient features in most chapters offer examples of good customer service User resources on the Evolve companion website feature performance checklists self assessment quizzes the Student Software Challenge with cases on different payer types and an interactive CMS 1500 02 12 form to fill in NEW Expanded coverage of ICD 10 prepares users to code ICD 10 with the planned effective date of October 2015 NEW Added information on the electronic medical record and electronic claims submission including information on the HIPAA 5010 equips users for the transition between paper and electronic methods of medical records and links the CMS 1500 02 12 form to the electronic submissions process NEW SimChart for the Medical Office SCMO application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap

Insurance Handbook for the Medical Office - E-Book Marilyn Fordney, 2014-08-27 A complete guide to insurance billing and coding Insurance Handbook for the Medical Office 13th Edition covers all the plans that are most commonly encountered in clinics and physicians offices Its emphasis on the role of the medical insurance specialist includes areas such as diagnostic coding procedural coding Medicare HIPAA and bill collection strategies Learning to fill in the claim form accurately is made easier by the use of icons for different types of payers lists of key abbreviations and numerous practice exercises This edition provides the latest on hot topics such as ICD 10 healthcare reform the new CMS 1500 form and electronic claims Trusted for more than 30 years this proven reference from Marilyn Fordney prepares you to succeed as a medical insurance professional in any outpatient setting Emphasis on the business of running a medical office highlights the importance of the medical insurance specialist in filing clean claims solving problems and collecting overdue payments Key terms and key abbreviations are defined and emphasized reinforcing your understanding of new concepts and terminology Detailed tables boxes and illustrations call out key points and main ideas Unique Color coded icons clarify information rules and regulations for different payers An Evolve companion website enhances learning with performance checklists self assessment quizzes and the Student Software Challenge featuring cases for different payer types and an interactive CMS 1500 form to fill in A workbook contains learning tips practice exercises for key terms and abbreviations review questions study outlines performance objectives a chapter with practice tests and critical thinking activities for hands on experience with real world cases Available separately Updated coverage of key health insurance topics includes HIPAA compliance the HITECH Act health reform of 2010 electronic health records electronic claims ICD 10 NUCC standards Physician Quality Reporting System PQRS Incentive Program Meaningful Use and CPT 2013

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Insurance and Risk Management Strategies for Physicians and Advisors David Edward Marcinko, 2005 This book fulfills its promise as a peerless tool for physicians wanting to make good decisions about the risks they face *Colorado Medicine*, 1994

Adams' Coding and Reimbursement - E-Book Wanda Adams, 2008-04-22 NEW application exercises help you put your knowledge of coding and reimbursement into practice Saunders' Textbook of Medical Office Management Alice Anne Andress, 2003 From personnel management to financial administration this one of a kind resource offers proven techniques and ready to implement strategies for running the medical office Practical discussions focus on interpersonal and legal aspects of patient care as well as on sound business practices Samples of consent forms letters and procedural policies offer concrete examples to follow Manager's Alert boxes point out potential pitfalls and give specific real world advice on how to avoid them Helpful tips From the Expert's Notebook describe the best way to handle a variety of office problems Based on the author's more than 30 years of experience in managing and consulting with medical offices Saunders Textbook of Medical Office Management 2nd Edition helps you fulfill all of your responsibilities with excellence Book jacket

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